Jan Swasthya Abhiyan

people's health movement - India

JANSWASTHYAABHIYAN

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What is Jan Swasthya Abhiyan (JSA)?

Jan Swasthya Abhiyan is the **Indian circle of the People's Health Movement**, a worldwide movement to establish health and equitable development as top priorities through comprehensive Primary Health Care and action on the social determinants of health. It is a growing coalition of people's organisations, civil society organisations, NGOs, social activists, health professionals, academics and researchers who are working consistently towards the goal of 'Health for All'.

How did JSA emerge?

From 4th to 8th December 2000, 1493 representatives from 93 countries came together for the People's Health Assembly (PHA) at Savar near Dhaka, Bangladesh. The objective of this assembly was to give a call to renew the pledge of 'Health for All'. Though commitments were made at Alma Ata in 1978 to work towards "Health for all by the year 2000", this goal was subsequently marginalised in health policy discussions, and as the year 2000 approached it was quietly being forgotten by Governments around the world. The assembly also aimed to build global solidarity, and to bring together people's movements and organisations working to advance the people's health in the context of ongoing globalisation, liberalization and privatisation. Of the total delegates at PHA, about 180 were from India, sponsored by the National Coordination Committee of the Indian campaign.

A National Health Assembly at Kolkata preceded this global event on November 30th and December 1st 2000, where as the culmination of a very extensive mobilization across 19 states, a massive number of over 2000 delegates congregated. This National Health Assembly, the Jan Swasthya Sabha, declared the major goals of the Indian People's Health Movement, and demarcated the specific issues on which the people's health movement in India would concentrate. It adopted a 20-point charter known as the **Indian People's Health Charter,** outlining a critical analysis of the Indian health scenario in the context of globalisation. This charter provides a statement of the shared understanding and goals that unite all the organisations working as part of this network.

The national networks and organisations that had come together to organize the National Health Assembly decided to continue and develop this movement in the form of **Jan Swasthya Abhiyan** (JSA - People's Health Movement).

Why is Jan Swasthya Abhiyan necessary today?

Despite medical advances and increasing average life expectancy, there is disturbing evidence of rising inequalities in health among people within and between countries. Enduring poverty with all its facets and in addition, resurgence of communicable diseases including the HIV/AIDS epidemic, and weakening of public health

systems is leading to reversal of previous health gains. This development is associated with widening gaps in income and shrinking access to social services, as well as persistent racial and gender imbalances. Traditional systems of knowledge and health are under threat.

These trends are to a large extent the result of the inequitable structure of the world economy, which has been further skewed by structural adjustment policies, the persistent indebtedness of the South, unfair world trade arrangements and uncontrolled financial speculation - all part of the rapid movement towards inequitable globalisation. In many countries, these problems are compounded by lack of coordination between governments and international agencies, and stagnant or declining public health budgets. Within the health sector, failure to implement primary health care policies as originally conceived has significantly aggravated the global health crisis, leading to the following deficiencies:

- A retreat from the goal of comprehensive national health and drug polices as part of overall social policy;
- A lack of insight into the inter-sectoral nature of health problems and the failure to make health a priority in all sectors of society;
- A failure to promote participation and genuine involvement of communities in their own health development;

- Reduced state responsibility at all levels as a consequence of widespread and usually inequitable policies of privatisation of health services;
- A narrow, top-down, technology-oriented view of health and increasingly viewing health care as a commodity rather than as a human right.

What does JSA aim to achieve?

In view of the above analysis, the organizations constituting Jan Swasthya Abhiyan have come together to launch a process, emerging from the People's Health Assembly mobilisation. The objectives that this coalition set for itself (which are set out in detail in the People's Health Charter) can be briefly listed as below:

1. Jan Swasthya Abhiyan aims to draw public attention to the adverse impact of the policies of inequitous globalisation on the health of Indian people, especially on the health of the poor.
2. Jan Swasthya Abhiyan aims to focus public attention on the passing of the year 2000 without the fulfillment of the 'Health for All by 2000 A.D.' pledge. This historic commitment needs to be renewed and taken forward, in the form of the campaign to establish the Right to health and health care as basic human rights. Health and equitable development need to be

reestablished as priorities in local, national, international policy-making, with Primary Health Care as a major strategy for achieving these priorities.

3. In India, policies for greater privatisation of health care along with retreat of the state with poor regulatory mechanisms has exacerbated the trends to commercialise medical care. Irrational, unethical and exploitative medical practices are flourishing and growing. Jan Swasthya Abhiyan expresses the need to confront such commercialization, while establishing minimum standards and rational treatment guidelines for health care.

4. In the Indian context, top down, bureaucratic, fragmented techno-centric approaches to health care have created considerable wastage of scarce resources and have failed to deliver significant health improvements. Jan Swasthya Abhiyan seeks to emphasize the urgent need to promote decentralization of health care and build up integrated, comprehensive and participatory approaches to health care that place "People's Health in People's Hands".

5. Jan Swasthya Abhiyan seeks to network with all those interested in promoting people's health. It seeks to unleash a wide variety of people's initiatives that would help the poor and the marginalized to organize and access better health care, while contributing to building long-term and sustainable solutions to health problems.

How is JSA organised?

Jan Swasthya Abhiyan at the national level is the **coalition of all the networks of voluntary organizations and peoples movements** involved in healthcare delivery, health policy and health related initiatives in the country, who made themselves a part of the People's Health Assembly campaign in the year 2000, and have continued to participate in this process. Many of these national networks have numerous constituent organisations, which implies that a few hundred organizations are involved directly in the national process. Outside of these networks, several hundred other organizations have been involved at state, district and block level activities across the country. The networks that constitute the **National Coordination Committee (NCC)** of Jan Swasthya Abhiyan are:

1. All India People's Science Network (AIPSN)
2. All India Democratic Women's Association (AIDWA)
3. All India Drug Action Network (AIDAN)
4. Association for Indian Development, India (AID-India)
5. Bharat Gyan Vigyan Samiti (BGVS)
6. Breast Feeding Promotion Network of India (BFPNI)
7. Catholic Health Association of India (CHAI)
8. Christian Medical Association of India (CMAI)
9. Federation of Medical Representatives and Sales Associations of India (FMRAI)
10. Forum for Creche and Child Care Services (FORCES)

11. Joint Women's Programme (JWP)
12. Medico Friends Circle (MFC)
13. National Alliance of People's Movements (NAPM)
14. National Alliance of Women's Organisations (NAWO)
15. National Federation of Indian Women (NFIW)
16. Society for Community Health, Awareness and Research Action (SOCHARA)
17. Voluntary Health Association of India (VHAI)

National Resource Groups in the NCC are:

18. SATHI-CEHAT, Pune.
19. Centre for Social Medicine and Community Health, Jawaharlal Nehru University, Delhi.
20. Community Health Cell (CHC), Society for Community Health Awareness, Research and Action, Bangalore.
21. SAMA, Resource Group for Women and Health, Delhi.
22. Health Watch, UP- Bihar

Jan Swasthya Abhiyan presently has state units or contacts in the following states:

Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, Tripura, Uttar Pradesh, Uttaranchal, West Bengal.

This **National Coordination Committee** is the national decision making body of JSA. Dr. N.H. Antia is the **Chairperson** of JSA. Executive functions are handled by the National Organisers of JSA who are as follows:

National Convenor: B. Ekbal

Joint National Convenors: Abhay Shukla
Amit Sen Gupta
Amitava Guha
Thelma Narayan
T. Sundararaman

The JSA National Secretariat is currently being hosted by SATHI-CEHAT, Pune. The collective responsibility of the Secretariat however, is shared by N.B. Sarojini along with the SAMA team and Vandana Prasad, a senior pediatrician who is a voluntary member of the National Secretariat, both based in Delhi. The SAMA team coordinates the Delhi-based work of the National Secretariat. Both N.B. Sarojini and Vandana Prasad function in a similar capacity as the Joint National Convenors.

What are the key themes of JSA?

JSA aims to not only achieve a broad based involvement of voluntary organizations and people's movements, but also to achieve considerable synergy and sharing of ideas, technical, financial and human resources. The goal is to form a critical mass, needed to influence health policy in favour of the poor and organise those most affected by the trends of current policies. One major effort in such sharing was the manner in which the five JSA health booklets were produced as a joint venture - both editorially and as a publication.

The over-arching concern of Jan Swasthya Abhiyan is to secure an adequate quality of health and health care for every person in India with a particular focus on the excluded. Jan Swasthya Abhiyan has within its wide range of members a large number of resource persons and activities in a number of thematic areas, for example:

- Policy level interventions for Right to Health and Health Care
- Primary Health Care and health systems that can provide access to health care services for the poor and marginalised
- Community Health Worker Programmes and community based monitoring of health services
- Social determinants of health
- Women's health issues, gender and reproductive health Rights
- Child health and malnutrition

- Right to food and investigation of hunger related deaths
- Violence & women's health
- Sex determination and sex selective abortions
- WTO, Intellectual Property Rights, patents and drug policy
- Medical professional reform and regulation of medical practice
- Privatisation of health services and the commercialisation of health care
- Health care in conflict situations
- Indigenous medicine and folk/local healing traditions
- Rational drugs and diagnostics
- Drinking water, sanitation, environment & health
- Health among Dalits, displaced people, Adivasis and other socially excluded groups.
- Population control programme and issues of contraceptive choice
- Trends in medical and vaccine research
- Control of communicable diseases
- Mental health issues
- Human Resource Development for Health Care
- Tobacco control for better health
- Disaster response and the politics of aid.
- Socially relevant medical and health science education.

This set of themes and activities continues to grow.

What strategies and techniques does JSA adopt in its campaign?

To be effective in policy interventions Jan Swasthya Abhiyan member- organisations deploy different strategies depending on their own strengths and preferences. These include:

- Public information and education on health issues largely through publications, meetings and other events, press conferences and media information.
- Social mobilisation and protest actions by means of health enquiries, public hearings, health dialogues, seminars and cultural events.
- Representation to decision makers on policy concerns, grievances and gaps in health services, while seeking increased representation for communities in local health related decision making.
- Health surveys and studies to understand and highlight health issues concerning the people.
- Organisation of people through community health programmes, to help the poor cope with the burden of disease, gain better access to public health services and monitor health services.

JSA seeks to promote synergy of its constituents not only at national and state levels but also at district and local levels.

What are the activities JSA has undertaken so far?

Below is outlined a brief overview of the major nationally coordinated initiatives by Jan Swasthya Abhiyan since its inception after the National Health Assembly 2000. *In addition to the activities mentioned here, state JSA networks have organized a large number of activities and programmes.*

- JSA developed a **critique of National Health Policy 2002**, which was widely circulated and served to educate all the JSA member organisations on this development, and has been published in booklet form. A series of seminars and press releases explained this position to the general public. This detailed critique with alternative proposals was submitted to the Health Ministry. The **National Policy on Pharmaceuticals** too was discussed when it was in the draft stage and a JSA critique was evolved which was widely shared.

- **Campaign against the practice of sex selective abortions**. In the context of the Public Interest Litigation regarding PNDT (Prenatal Diagnostics Techniques, prevention of misuse Act, 1994) and sex selective abortions filed in Supreme Court, JSA organised a National Policy dialogue on this issue in April 2001. Some states subsequently took up actions related to constitution of appropriate authorities, registration of Ultrasound centres, ban on advertisements, displaying posters in clinics and the issue of son preference.

JSA associated organisations had a major involvement in the Right to Food campaign in several states. In the context of a Public Interest Litigation filed by PUCL Rajasthan in the Supreme Court and an emerging campaign, the Bharat Gyan Vigyan Samiti (BGVS) initiated action on Mid-day meal schemes in February 2002. Subsequently, in several states, surveys were conducted by JSA constituents on the status of mid-day meal and other schemes. **In some states, a convention on 'Right to food - Right to health' was organised on April 7th 2002.**

During the Asian Social Forum at Hyderabad in January 2003, Jan Swasthya Abhiyan constituent organisations conducted **several workshops / seminars on key health issues**, with facilitation by JSA.

A **JSA 'Hunger Watch' group** consisting of public health and nutrition experts was formed in 2003, which has prepared a draft protocol to investigate cases of Hunger-related or starvation deaths. This group conducted a national workshop for activists on the method of investigating and addressing hunger related deaths, in August 2003 at Bhopal.

In January 2004, an **International Health Forum (IHF)** was organised by the global People's Health Movement and locally hosted by Jan Swasthya Abhiyan in Mumbai. Over 600 health experts and activists from nearly 50 countries attended this two-day forum, organised in continuity with the **World Social Forum**, which was also in Mumbai in January 2004. JSA participated in the World Social Forum as a coalition.

On 12th March 2004 JSA **organized a public dialogue on Health issues with representatives of various political parties**. Around 300 people attended the public dialogue including members from different political parties and the media, both print and electronic. JSA representatives initially presented a specially prepared policy brief, which outlined the current health scenario and called for specific political initiatives in health care - most important of which was making health a fundamental right and increasing the budgetary allocation for public health. The politicians then shared their perceptions related to health care with a panel of social, legal, economic and health care experts.

The Right to health care campaign

JSA organized a National workshop and National public consultation on the 'Right to Health Care' on the 5th and 6th of September 2003 (25th anniversary of the Alma Ata 'Health for All' declaration) in Mumbai. This two-day programme has constituted the **launching point of JSA's 'Right to Health Care' campaign**. The public consultation, which was in the nature of a public hearing, was conducted in the presence of **Justice Anand, Chairperson of the National Human Rights Commission (NHRC)**. It was attended by over 250 delegates from 16 Indian states, representing 85 different organisations dedicated to health and rights based movements including rights for women, children, people affected by HIV, displaced people, people living in areas of conflict, as well as a number of academicians, health policy analysts, social and health activists and other interested citizens.

As a part of the process of establishing Health rights, a series of **Regional public hearings on Right to Health Care were organised by National Human Rights Commission (NHRC)** in collaboration with JSA in various parts of country. The Regional public hearing on health rights for the Western region of the country was organised at Bhopal in July 2004, followed by the Southern region public hearing at Chennai in August 2004, the Northern region public hearing at Lucknow in September 2004, the Eastern region public hearing at Ranchi in October 2004 and the North-eastern region hearing in Guwahati in November 2004. These major regional hearings, each attended by hundreds of delegates and with presentation of dozens of cases of denial of health care, were followed by a culminating event, the **national public hearing on Right to Health Care organised by JSA and NHRC on 16-17 December 2004 at New Delhi.** Subsequently a national action plan was released by the NHRC with inputs from JSA, towards operationalising the right to health care within the Indian context. The state units of JSA demanded implementation of the NHRC 'National Action Plan' on Right to Health Care on the occasion of World Health Day 2005. JSA constituents actively participated in the National Review Consultation Meeting, organised by the NHRC in March 2006, where dialogue was held with State health departments, regarding concrete steps to be taken for implementation of the National Action Plan. At the national level it is now important to put pressure on the Government to implement the NHRC Action Plan, including putting in place a comprehensive legislation that guarantees the "Right to Health Care".

- **A Peoples tribunal on population policies** was held at Delhi, organized by Human Rights Law Network, Health Watch -UP, Bihar, Jan Swasthya Abhiyan and SAMA - Resource Group for Women & Health. Nearly 70 women from 15 states such as Uttar Pradesh, Rajasthan, Himachal Pradesh, Madhya Pradesh, Haryana, Tamil Nadu, Gujarat and Bihar assembled in Delhi to depose before a Public Tribunal comprising leading personalities and activists. On the pretext of promoting small family, as many as 4,000 men and women from the states of Rajasthan, Madhya Pradesh, Chhattisgarh and Haryana have been disqualified from various Panchayat positions on the grounds of infringement of the two-child norm. Nearly 120 men and women affected by the coercive policies from 14 states deposed before the panel and expressed the anger, severe pain and humiliation that they experienced in the process.

- JSA along with other health groups and progressive movements **took strong exception to the Ordinance amending the Patent Act, 1970**. The Central Government promulgated this ordinance on 26th December 2004. In this ordinance, the Government disregarded public interest and appeared unwilling to make use of even the limited safeguards available in the TRIPS (Trade Related Aspects of Intellectual Property Rights) agreement, which could have mitigated the ill effects of this agreement. JSA felt that the provisions of the Patent Amendment Ordinance contradict the

National Common Minimum Program that promised to take all steps to ensure availability of life saving drugs at reasonable prices, and that the ordinance, if implemented as such, shall seriously affect the Constitutional Right to Health and Life of the Indian people. JSA along with other People's Movements expressed the grave concern that India through the Ordinance will trade away its rights to protect the public health of people who need access to low-cost, quality medicines. JSA constituent organisations presented a critique of the Patent Ordinance by publishing pamphlets, organising seminars, meetings etc. JSA organisers lobbied with the members of parliament and signatures were collected on a letter addressed to the Prime Minister expressing all these concerns. It was because of the effective intervention of social movements and organisations that the Government had to modify the ordinance in such a way that some of the demands made by various organisations, including JSA were conceded when the final act was passed.

Drug policy seminar: JSA with the help of its constituent network organizations focusing on the pharmaceutical policy (Federation of Medical Representatives' Association of India - FMRAI, All India Drug Action Network - AIDAN) and the National Campaign Committee for Drug Policy- NCCDP together organised a National Seminar on 16th - 17th April 2005 in Kolkata on 'Pharmaceutical Policy in India and Access to Essential Drugs.' Over one hundred delegates from different parts of the country participated in this

seminar in which renowned experts presented papers on major issues in pharmaceutical policy. A four-page resolution (Kolkata Declaration) outlining various policy measures for a Rational Drug Policy in the context of globalisation was adopted. A signature campaign in support if this resolution is being planned.

People's Rural Health Watch

The National Rural Health Mission (NRHM) of the Government of India has been launched on 12th April 2005. Based on the available documents concerning the Mission, there are a large number of concerns regarding the conceptualisation, design and implementation of this Mission. In this context, JSA has started an ongoing activity to monitor and influence the Mission in a pro-people direction, in the form of a **'People's Rural Health Watch'**. A National level consultation was organised by JSA in May 2005. to plan the broad outline of this Watch. It was decided that besides monitoring the actual implementation at state level, available documents regarding NRHM including task group recommendations, funding sources and financial allocations etc. would also be analysed. An NRHM Action Alert has been published to put forth JSA's position on the NRHM, and guide local groups and organisations on how they could possibly engage with and monitor the implementation of the NRHM. The tools for the watch are being finalized.

The 10th International Women and Health Meeting

The 10th International Women and Health Meeting (IWHM) took place during 21st -to 25th September 2005. It marked nearly two and a half decades of global feminist solidarity on issues related to the health and well being of women. The theme for the 10th IWHM was **'Health rights, women's lives: challenges and strategies for movement building'**.

Jan Swasthya Abhiyan (JSA) representatives in different states played an active role in the planning and preparatory process of the zonal and state level consultations, organized in different parts of the country prior to the Meeting. They contributed significantly to initiate and strengthen these processes, to mobilize grassroots participation in the 10th IWHM and to strengthen the linkages between JSA and other groups and organizations. JSA organized a workshop on **'Politics and Resurgence of Population Policies: The Global Context'** at the 10th IWHM, highlighting the impact of global resurgence of population control policies on the health of women. In the parallel sessions on Public Health and Health Sector Reforms, JSA representatives made a presentation on Right to Health Care. The 10th IWHM Secretariat was located at and coordinated by SAMA – Resource Group of Women and Health in Delhi, a member of JSA. Some members of the Organizing Committee of the 10th IWHM are also active JSA members.

WHO Commission on Social Determinants of Health (CSDH)
At the 2004 World Health Assembly, the Director General of WHO, Dr. Lee, called for the formation of the Commission on Social Determinants of Health following pressure by the global People's Health Movement (PHM). Operating for three years from March 2005, the Commission is charged with recommending interventions and policies to improve health and narrow health inequalities through action on social determinants. Civil Society Organisations are being seen as one of the arms of the Commission's work. CSOs would engage in the Commission by initiating a dialogue with the Commissioners, providing inputs to the Secretariat in WHO, being involved in the country work of the Commission, and working with the Knowledge Networks.

Civil Society groups from four regions of the South-Latin America, West Asia/North Africa, Africa and Asia are facilitating the CSO engagement with the Commission's work. For the Asian region this facilitating function is being carried out by Jan Swasthya Abhiyan. In late 2005 and early 2006, JSA has organised a series of consultations within India and in other Asian countries to map Civil Society Organisations which would be involved in the further activities related to the Commission.

JSA's engagement with the Global People's Health Movement (PHM)- One of the constituent members of JSA, the Community Health Cell, Bangalore, hosted the global secretariat of PHM from

January 2003 till 2006. The global coordinator, along with several JSA members have helped to expand and strengthen the PHM globally by networking, participating in meetings, sharing experiences and taking leadership. The global PHM website was also hosted in India at that time.

JSA representatives also participated in the Second People's Health Assembly, held in Cuenca, Ecuador. Many JSA members contributed in preparations for the event.

Forthcoming activity of JSA- National Health Assembly

JSA is planning a major national level health assembly in early 2007, on the lines of the National Health Assembly that was organised in Kolkata in 2000. This National Health Assembly-2 would see the participation of a few thousand delegates from across the country and would focus on publicizing the key issues that JSA has raised in recent years, and emerging health concerns in the context of globalisation, while putting public health and health rights on the national agenda. The preparatory activities for this major event would include, preparation of material and pre-conference conventions on various key issues. The National Health Assembly will be preceded by district and state health assemblies across the country.

How can your organisation contribute to JSA?

Given below are a few suggestions on how you can get involved with Jan Swasthya Abhiyan and the issues it supports:-

- Join hands with your local JSA network to build pressure on the government for implementation of the National Action Plan on Right to Health Care of the NHRC as well as the state action plans.
- Get involved with the Right to Health Care Campaign by documenting cases of denial of health care. These can be utilised to reiterate the need for implementation of the Action plan, if required.
- Try to access documents related to the Rural Health Mission of the Government of India and see what role you can play locally in the proposed 'People's Rural Health Watch' of JSA.
- Build and strengthen taluka level, local health action networks.
- Right to food campaign - Get involved in the campaign activities in your area.
- Organise a small exhibition on the action points of the People's Charter for Health.
- Write articles in the newspaper or in magazines, journals or your local newsletter on the need for a strengthened Public health system in light of actual cases of denial of health care, the NHRC National Action Plan and on other JSA themes.
- Participate in JSA activities towards a rational drug policy, opposing coercive population policy and other emerging issues.

- Volunteer your services to translate all the relevant documents regarding various health campaigns in your local language and distribute them to organisations, and individuals.
- Do keep us informed about any efforts you take locally, as these can be incorporated in the consolidated JSA campaigns and may also be replicated elsewhere.
- Get involved in the preparatory activities of the proposed 2007 National Health Assembly in your area.
- Pressurise your state governments to increase the budget for health and to improve quality, coverage and access to primary health care.

The following publications related to JSA may help you for a start :-

1. Indian People's Health Charter.
2. International People's Charter for Health
3. The Mumbai Declaration by the International Health Forum.
4. Health for All Now: The Peoples Health Resource Book.
5. Report of National workshop and National public consultation on the 'Right to Health Care'
6. Handbook on documentation for Denial of Right to Health Care.
7. Policy Brief published prior to the Lok Sabha Elections in 2004.
8. Reports of the Regional and National Public Hearings.
9. NHRC National Action Plan on Right to Health.
10. NRHM Action Alert
11. People's charter for HIV/AIDS.

How to contact JSA?

Please contact the joint convenor of the JSA network in your region, the National secretariat currently being hosted at SATHI-CEHAT or the national convenor. These addresses are given at the end of the brochure. To contact the state member organisations of the JSA or the state JSA coordinator in your state, you may contact one of the JSA joint convenors from your region.

Yet another way of getting in touch with the JSA network is to visit its website - which has a compendium of information about JSA, a regular update of activities, a notification of future events and the contact addresses:

The website is www.phm-india.org

To know more about the international people's health movement log on to www.phmovement.org

To remain in regular touch with discussions and developments related to JSA, you may like to join the pha-ncc e-group. For this, you may write to the National Secretariat with a request to be added to the e-group.

You can also get updates and analysis from the global PHA-Exchange: http://lists.kabissa.org/mailman/listinfo/pha-exchange

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